

## Course Request

Check One:  Activation (new course)  Deactivation  Modification     Date \_\_\_\_\_

Course Title \_\_\_\_\_  
Please limit course title to 29 characters

Department/Curriculum \_\_\_\_\_

Department-Course Number \_\_\_\_\_     Length of course (number of weeks) \_\_\_\_\_  
Assigned by Enrollment Services for new courses

Grading System:  Merit  Pass/No Pass/Honors  Satisfactory/Unsatisfactory

Semester(s) Taught:  Fall  Spring  Summer

Student Level:  Jr  Sr  Sr/MS  Master  MS/Doc  Doctoral/Professional

Distance Learning Component?  Yes  No     Distance Delivery Method:  Web (Internet) \_\_\_\_\_%

Elective  Required      Satellite \_\_\_\_\_%

Credit Hours (*based on 15 weeks*):  Compressed 2-way \_\_\_\_\_%

Lecture, 1 hr.:1 cr. \_\_\_\_\_  Other \_\_\_\_\_%

Student Laboratory, 2:1 \_\_\_\_\_

Conference, 1.5:1 \_\_\_\_\_     University Wide Enrollment:  Yes  No

Seminar, 1:1 \_\_\_\_\_

Clinic, 2:1 \_\_\_\_\_     Total Credit Hours \_\_\_\_\_

Independent Study, 1:1 \_\_\_\_\_     or, Variable Credit Hours \_\_\_\_\_

Practicum, 2:1 \_\_\_\_\_

Clerkship, 2.5:1 \_\_\_\_\_     Total Contact Hours \_\_\_\_\_

(include final exam) \_\_\_\_\_

Prerequisite(s) \_\_\_\_\_

Course Director(s): Primary \_\_\_\_\_

All Others \_\_\_\_\_

Course Description \_\_\_\_\_

Attach course syllabus

Approval:

\_\_\_\_\_  
 Department Chairman

\_\_\_\_\_  
 Curriculum Chairman

\_\_\_\_\_  
 Dean

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date